

State of Maine  
Department of Professional & Financial Regulation  
Office of Licensing & Registration  
**BOARD OF REAL ESTATE APPRAISERS**  
35 State House Station  
Augusta ME 04333-0035  
TEL (207) 624-8522 FAX (207) 624-8637 TTY (207) 625 8563

Cash #: \_\_\_\_\_

## Maine Board of Real Estate Appraisers License Application

Have you ever been convicted of a crime by any court? ☐ YES ☐ NO

If YES, please describe in detail, on a separate sheet, the date(s), crime(s), and submit a copy of the court judgment(s) as well as a letter from you explaining the circumstances surrounding your conviction.

In which states (if any) do you hold a valid appraiser license? \_\_\_\_\_

Has any license you have ever held in this or any other state been suspended or revoked? ☐ YES ☐ NO

Do you have a high school diploma or equivalent? ☐ YES ☐ NO

### CHARACTER REFERENCES

List three (3) persons you have known for at least one year, not related to you, who will attest to your reputation for honesty, truthfulness, fair dealing and competency.

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature of Endorser: \_\_\_\_\_

### NOTARIZATION OF APPLICATION ALL APPLICATIONS MUST BE NOTARIZED

The undersigned, in making this application, swears (or affirms) that he/she is the applicant named herein and that all information provided in connection with this application is true to the best of his/her knowledge and belief, with the understanding that any omissions, inaccuracies or failure to make full disclosures may be deemed sufficient reason to suspend or revoke a license or certification issued by the Board. The undersigned applicant further authorizes all law enforcement agencies and officials thereof to release to the Maine State Board of Real Estate Appraisers any and all criminal history record information pertaining to said applicant.

Signature of Applicant: \_\_\_\_\_

Sworn and subscribed to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

Printed Name of Notary Public \_\_\_\_\_

Signature of Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_